

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 127

Registered No. 573

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 922 Line Oak St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angela Bejerans } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Dec 2 1930 Month Day Year

8. FATHER
Full name Francisco Bejerans

9. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Silver City
(State or country) New Mexico

13. Occupation miner
Nature of Industry Copper

14. MOTHER
Full maiden name Rosa Flarez

15. Residence
(Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) San Luis
(State or country) New Mexico

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother. 4 } (a) Born alive and now living. 2 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein } (b) Born alive but now dead. 2 }
certified and including this child.) } (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 P m. on the date above stated.
(Born alive ~~or~~ stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Trimmell

(Physician ~~or~~ midwife)

Given name added from a supplemental report. _____ Address Miami, Arizona

Month, day, year _____ Filed Oct 19 30 Registrar J. J. Trimmell

Registrar.

126-1002-969